Medical Staff
Applicable to Hospital

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Medical Staff – New 2004

- Introduction
  - Definition of self governance
    - Approved Bylaws
    - Process for Amendments
    - Process for Selecting officers
    - Responsibilities for
    - Membership/oversight criteria and enforcement
    - Patient care standards
    - P.I. Activities

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MS.1.20
Bylaws content

- Challenging standard for HAP
- 20 items that are critical items that must be agreed upon by both the medical staff and governing body
- Anything not listed can be in any documents
- Only new element is the qualification of the department chair

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MS.1.20
Bylaws Content

- Challenging standard for HAP
- EP 3 Criteria and Qualifications for appointment
  - Previously only a mechanism needed to be defined per MS.5.3.2

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MS.1.20
Bylaws Content

- MS.1.20 The following can be referenced in bylaw to other documents:
  - Credentialing
  - Privileging
  - Appointment
  - Fair Hearing and Appeal Process
- But must be approved by the governing body and medical staff, however, the medical staff approval process could be different, than for full bylaws approval, if allowed and spelled out in bylaw amendment description

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MS.1.20
Bylaws Content

- New EP effective January 2005
- Related medical staff governance documents
  - Medical staff bylaws describe mechanism for approval of administrative procedures
  - Bylaws described criteria to identify Admin. Procedures that can be in supplementary documents
  - Admin. Procedures are approved by medical staff and GB through mechanism described in bylaws

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- MS.1.40 – MEC
  - EP 7 Requests evaluations when there is doubt about an applicant's ability to perform privileges requested

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MS.2.10
Oversight Domains

- Challenging standard HAP
- Oversight
  - EP 1 – LIP members of medical staff provide oversight of the activities of the medical staff —(Non LIP members cannot provide oversight)
  - EP 7—Organized medical staff monitors quality of medical H & Ps
  - EP 11 – The organized medical staff defines the scope of H & P when required for non-inpatient (rewording of MS.6.3)

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MS.2.20 Management and Coordination

- Challenging standard for HAP and Army
- Management and *Coordination* of patient care, treatment and services is the responsibility of a *practitioner* with privileges
  - EP 1 – Still requires that the patient's general medical condition managed and coordinated by a physician as required at 2003 MS.6.5.1 which states "management of the medical condition is the responsibility of a qualified physician member of the medical staff"

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MS.3.10 Performance Improvement

- Performance Improvement
  - EP 3 - Use of information about adverse privileging decisions, when privileged through the medical staff process
  - EP 9 – Use of developed autopsy criteria
  - Information to be used in PI processes
    - EP 10 – Sentinel event data
    - EP 11 – Patient safety data

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MS.4.10 Credentialing Applications

- Challenging standard for HAP
- Credentialing Applications
  - EP 3 – Verification of identity—all individuals
    - MS.4.110 EP 8 Disaster Privileges-suggested methods
  - EP 4 – Verification of License – introduction drops requirement for verification at expiration
    - BUT REMEMBER– It is to always be current
  - AMA—for clarification
    - approved equivalent source for US and PR medical school and residency completion.
    - ECFMG or other information only in role as a CVO per CVO guidelines

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MS.4.10
Credentialing Applications

- AMA—for clarification
  - Administrator/display agent for Physician Assistant Database for education and certification
  - Display agent of ABMS

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MS.4.20
Initial Granting, Renewal, Revision of Privileges

- Challenging standard for HAP and Army
- Initial granting, renewal and revision of privileges
  - EP 4 – (Setting-specific) privileges are granted, renewed, or revised and do not exceed 2 years
    - Each organization defines their different settings and format for identifying which privileges can be performed in the different settings
  - EP 6 – Relevant practitioner specific data when available--Initial, also in MS.4.40 for renewal

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MS.4.20
Initial Granting, Renewal, Revision of Privileges

- MS.4.20– Initial granting, renewal and revision of privileges
  - Note 1 – Confirmation of health status not specifically required—wording is “may”

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MS.4.40
Renewal of Privileges

- Challenging standard for HAP
- Based on reappraisal (not to exceed a period of 2 years)
- Criteria for evidence of current competence and ability to perform requested privileges
- 9 bulleted items to evaluate for renewing/revising privileges
- Includes professional performance
- No practice outside scope of privileges

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- MS.4.100 Temporary Privileges
  - No changes to 2003
    - Important patient care need
    - New applicants
    - EP 4 Granted by CEO-Actually applies to both reasons
    - EP 5 Granted on recommendation of MS president or designee- Actually applies to both reasons
    - EP 6 - 120 days is only for new applicants only—medical staff bylaw define the time frame for important patient care needs

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MS.4.100
Temporary Privileges

- Extended LOA—greater than 90 day
  - Reappoint prior to LOA
  - Reappoint during LOA contingent on submitting evidence of ability to perform privileges upon return
  - Allow privileges to lapse and upon return grant new applicant temporary privileges for 120 days with existing data, current license verification and new NPDB query:
    - Fully reprivilege/reappoint using full two years of information at the end of the 120 days

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MS.4.110
Emergency Privileges

- Disaster Privileges Renamed from Emergency Privileges
  - Includes methods to identify applicant

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MS.4.120
Telemedicine

- Narrowed applicability – February 2003 Perspectives
- Interpretive readers deleted and moved to contracted services LD.3.50 in 2004
  - JCAHO accredited organization
  - Non-JCAHO accredited organization, group practice, individual practitioner

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MS.4.120
Telemedicine

- JCAHO accredited organization
  - Contract language for use of appropriately privileged LIPs, or
  - Verify LIPs have appropriate privileges
- Non-JCAHO accredited organization, group practice, individual practitioner
  - Full credentialing and privileging required

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MS.4.120
Telemedicine

- Credentialing and privileging options for the originating site
  - Do everything yourself
  - Grant privilege using distant site information if distant site is JCAHO accredited

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MS.4.120
Telemedicine

- Credentialing and privileging options
- Use distant site credentialing *and* privileging if:
  - Distant site is JCAHO accredited
  - LIP is privileged at distant for services to be provided
  - Originating site performs an Internal review of LIP performance which is sent to the distant site:
    - All adverse outcome related to reviewable sentinel events
    - Complaints about the distant site from patient, LIP, and staff

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MS.5.10
Continuing Education

- EP 3 – *Medical staff helps prioritize hospital sponsored continuing education*

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- LD.3.70 – PAs and APRNs
  - All PAs and APRNs
    - regardless of employment status
    - Credentialing and Privileging Options
      - Credentialed and Privileged under the medical staff process
        - Would also have a right to a fair hearing and other MS standards e.g., temporary privileges

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- LD.3.70 – PAs and Non-LIP APRNs
  - All PAs and Non-LIP APRNs
    - Regardless of employment status
    - Credentialing and Privileging Options
      - An equivalent process
        - Evaluates applicant's credentials
        - Evaluates applicant's competence
        - Includes peer recommendations (changed from peer review)
        - Communication from individuals and committees including the MEC to make informed decisions
        - No right to a fair hearing unless organization policy

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Credentialing and Assigning of Clinical Responsibilities of LIPs

Applicable to Ambulatory

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HR. 4.10
Competence Assessment

- Challenging standard for AHC
- Competence of all practitioners
  - There is a process for ensuring competence
    - Process is defined
    - Approved by leaders
  - Includes all practitioners permitted by law and the organization to practice independently
- EP #12—Evaluation of restrictions of privileges at other HCOs
- EP #13—NPDB query

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HR.4.10
Competence Assessment

- Unlicensed/registered/certified practitioners that perform procedures which place patients at risks
  - Triggers PDA

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HR. 4.20
Clinical Privileges

- Challenging standard for AHC
- Individuals permitted by law and organization to practice independently are granted clinical privileges
  - Criteria for determining the privileges are specified
  - Uniformly applied to all applicants

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HR. 4.30
Temporary Privileges

- The organization has a process for granted temporary privileges
  - Limited time
  - Issued to meet the needs of patients
  - May be issued for new applicants (not exceeding 120 days)
  - Errata – EPs #4 & #5 – Prefaced with “To grant temporary privileges for new applicants,” EP #6 – Revise – The administrator…grants temporary privileges for meeting important patient needs and for new applicants,…

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HR. 4.40
Appeals Process

- Organization has a mechanism for addressing adverse decisions including a fair hearing and appeal process to allow for discussion of
  - Adverse decisions regarding reappointment
  - Denial
  - Reduction
  - Suspension
  - Revocation of clinical privileges

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HR. 4.50
Clinical Privileges and Appointments

- Clinical privileges and appointments/reappointments are reviewed and revised
  - At least every two years
- Errata – EP #4, bullet 8 – add Evaluation of restrictions…

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Questions?

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